UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re: NAKEANA R DAVID	Case No. 15-37801
Debtor(s)	

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Tom Vaughn, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 11/05/2015.
- 2) The plan was confirmed on 01/19/2016.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. \S 1329 on \underline{NA} .
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on \underline{NA} .
 - 5) The case was dismissed on 11/14/2017.
 - 6) Number of months from filing to last payment: <u>20</u>.
 - 7) Number of months case was pending: 25.
 - 8) Total value of assets abandoned by court order: NA.
 - 9) Total value of assets exempted: NA.
 - 10) Amount of unsecured claims discharged without payment: \$0.00.
 - 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor \$3,325.00 Less amount refunded to debtor \$0.00

NET RECEIPTS: \$3,325.00

Expenses of Administration:

Attorney's Fees Paid Through the Plan \$3,140.43
Court Costs \$0.00
Trustee Expenses & Compensation \$154.57
Other \$30.00

TOTAL EXPENSES OF ADMINISTRATION: \$3,325.00

Attorney fees paid and disclosed by debtor: \$0.00

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
1st Loans Financial	Unsecured	323.00	NA	NA	0.00	0.00
Afni, Inc.	Unsecured	2,257.00	NA	NA	0.00	0.00
CITY OF CHICAGO DEPT OF REVENU	Unsecured	6,500.00	9,563.80	9,563.80	0.00	0.00
COMCAST	Unsecured	300.00	NA	NA	0.00	0.00
COMMONWEALTH EDISON	Unsecured	793.00	NA	NA	0.00	0.00
ENHANCED RECOVERY CO L	Unsecured	785.00	NA	NA	0.00	0.00
PEOPLES GAS LIGHT & COKE CO	Unsecured	400.00	NA	NA	0.00	0.00
PORANIA LLC	Unsecured	NA	0.00	0.00	0.00	0.00
ST BERNARD HOSPITAL	Unsecured	1,000.00	NA	NA	0.00	0.00
TRINITY HOSPITAL	Unsecured	1,000.00	NA	NA	0.00	0.00
UNIVERSITY OF CHICAGO HOSPITAL	Unsecured	1,000.00	NA	NA	0.00	0.00
US CELLULAR	Unsecured	533.00	533.54	533.54	0.00	0.00
US CELLULAR	Unsecured	500.00	NA	NA	0.00	0.00
US DEPT OF ED NAVIENT SOLUTION	Unsecured	2,962.00	14,804.30	14,804.30	0.00	0.00
US DEPT OF ED/NAVIENT	Unsecured	2,910.00	NA	NA	0.00	0.00
US DEPT OF ED/NAVIENT	Unsecured	2,220.00	NA	NA	0.00	0.00
US DEPT OF ED/NAVIENT	Unsecured	1,533.00	NA	NA	0.00	0.00
US DEPT OF ED/NAVIENT	Unsecured	1,495.00	NA	NA	0.00	0.00
US DEPT OF ED/NAVIENT	Unsecured	968.00	NA	NA	0.00	0.00

Claim	Principal	Interest
Allowed	<u>Paid</u>	<u>Paid</u>
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$24,901.64	\$0.00	\$0.00
	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Allowed Paid \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Disbursements:		
Expenses of Administration Disbursements to Creditors	\$3,325.00 \$0.00	
TOTAL DISBURSEMENTS :		<u>\$3,325.00</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 12/14/2017 By:/s/ Tom Vaughn
Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.